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State of Michigan
Department of Licensing and Regulatory Affairs
Unemployment Insurance Agency
www.michigan.gov/uia



Authorized by
MCL 421.1, et

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DIRECTOR

QUESTIONNAIRE TO DETERMINE EMPLOYMENT STATUS

Mail Date: _____
Letter I.D.: L
Account #: _____
Case Number: _____

For Calendar Year(s) _____

Social Security Number/UIA Employer Account Number: _____
Business Name: _____ DBA: _____
Business Address: _____
FEIN Number: _____ Telephone Number: _____

Submit this form online using your Michigan Web Account Manager (MiWAM), or Mail to:
UIA
P.O. Box 8068
Royal Oak, Michigan 48068-8068

Information provided on this form is used to determine employment status under Section 42 of the *Michigan Employment Security Act* (MCL 421.42). **Failure to provide this information may result in a determination being made based upon available information.** Please print your answers clearly and return this Form within 10 calendar days from the above mail date.

1. Provide the name, Social Security Number, address, telephone number and Federal Employer Identification Number (FEIN) (if applicable) of the individual(s) in question. (Attach additional sheet(s) if necessary.)
2. Complete a separate Form UIA 1015 for each individual you believe to be an independent contractor, unless the work relationship between the applicant and two or more such individuals is identical.

Name	Social Security Number	Address	Telephone Number	FEIN

3. Submit copies of all written agreements, manuals of instruction, statements of rules or policies required to be followed by such individuals and copies of rulings made by the Internal Revenue Service with respect to the services in question.
4. Submit a letter supplementing your answers, if necessary, in order to disclose full particulars of the service in question.



Answer each of the following questions completely:

1. Were the services in question performed as a "Landman?" Yes ☐ No ☐

"Landman" includes any services performed by the individual engaged in one or more of the following

(Check all that apply):

- ☐ Negotiating the acquisition or divestiture of oil, gas, or mineral rights
- ☐ Negotiating business agreements that provide for exploration for, transportation of, or development of oil, gas, or minerals.
- ☐ Determining the ownership of oil, gas, or minerals through research of public and private records.
- ☐ Reviewing the status of the title to, and curing title defects and deficiencies associated with the ownership of oil, gas, or minerals.
- ☐ Managing rights or obligations derived from the ownership on interests in oil, gas, or minerals.
- ☐ Interacting with regulatory agencies in support of activities relating to exploring for and producing oil, gas, and minerals, including unitizing or pooling interests in oil, gas, or minerals.

If you answered "Yes" to question 1 and checked any of the boxes, you do not need to complete the remaining questions. Please go to page 5 and complete the "Certification" section. If you answered "No" to question 1, please continue and answer all of the remaining questions.

2. Has a previous Unemployment Insurance Agency or Internal Revenue Service ruling regarding employment status with this employer been issued? ☐ Yes ☐ No
(If "Yes," attach a copy of the ruling)

3. What is the nature of the employer's business? _____

4. What services did/does the worker perform? _____

5. Are/Were the services performed at the employer's place of business? ☐ Yes ☐ No
If "No," did/does the employer control the premises at which the services are performed? ☐ Yes ☐ No

Explain: _____

6. How did the worker obtain the job? ☐ Application ☐ Bid ☐ Other _____

7. Does the worker consider himself/herself to be ☐ An Employee ☐ Self-Employed ☐ Don't Know?

8. Is the agreement for the performance of services ☐ Written ☐ Oral ☐ Both

9. Did/Does the employer provide instructions as to when, where, and how to perform the job? ☐ Yes ☐ No

10. Can the individual hire assistants? ☐ Yes ☐ No

If "Yes," is the hiring subject to the employer's approval? ☐ Yes ☐ No

11. Does the individual's name and/or the assistant's name appear on the employer's payroll? ☐ Yes ☐ No
12. Did/Does the employer determine the time services are performed? ☐ Yes ☐ No
13. Did/Does the employer prescribe the hours during which the individual will perform this service? ☐ Yes ☐ No
- a. Did/Does the employer provide any training or instruction for the worker to do the job? ☐ Yes ☐ No
- b. How did/does the worker receive assignments?

Explain: _____

- c. Is the worker required to submit reports and/or attend meetings? ☐ Yes ☐ No
- d. Must the worker notify the employer in the event of a problem? ☐ Yes ☐ No
- e. If the worker provides services directly to the customer, who does the customer pay? ☐ Worker ☐ Employer

If the customer pays the worker, does the worker remit the entire payment to the employer? ☐ Yes ☐ No

If "No," what percentage is retained by the worker? _____%

- f. How often does the individual perform the service for the employer? (Be specific, e.g. annually, quarterly, biweekly, occasionally, as needed)

Explain: _____

- g. Are/Were the services performed on a full-time basis? ☐ Yes ☐ No

14. Did/Does the individual perform similar services for others while performing services for the employer? ☐ Yes ☐ No

Explain: _____

15. Does the individual maintain his/her own place of business? ☐ Yes ☐ No ☐ Unknown

16. Does the individual have a Federal Employer Identification Number (FEIN)? ☐ Yes ☐ No

If "Yes," provide the FEIN _____

17. Can the services be terminated by either the individual or the employer at any time? ☐ Yes ☐ No

If "Yes," will either party incur any liability for breach of contract as a result? ☐ Yes ☐ No

18. Are there acknowledged employees who perform similar services for the employer? ☐ Yes ☐ No

If "Yes," how many _____, and indicate the principle difference(s) between those who perform the acknowledged services in employment and the individual(s) who are not acknowledged as employees:

19. Does the individual submit bills or invoices for the services performed? ☐ Yes ☐ No

20. Who furnishes the equipment, tools, materials and/or supplies to the individual to perform this service? ☐ Individual ☐ Employer ☐ Both

Explain: _____

21. Does the employer reimburse the individual for expenses incurred in the performance of these services? ☐ Yes ☐ No

If "Yes," explain your answer _____

22. How is the individual's pay determined? _____

23. How much was the individual paid for services performed? (Be specific; e.g. \$8.50 per hour, salary, commission, piece, square foot, mileage, etc).

Explain: _____

How is/was the individual paid? ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Per Job

24. Did/Does the individual have an investment in the facility where the work is/was performed? ☐ Yes ☐ No

25. Could/Can the worker incur a profit or loss on the work performed? ☐ Yes ☐ No

26. Did/Does the employer keep records of the hours the individual(s) worked? ☐ Yes ☐ No

27. How is the individual's time reported? ☐ Time Clock ☐ Sign-In Sheet ☐ Other

If "Other," please explain: _____

28. Did/Does the employer direct, control or supervise the way services are performed? ☐ Yes ☐ No

29. Does someone supervise the work? ☐ Yes ☐ No

30. Is the individual required to notify the employer when unable to work, taking vacation or sick time? ☐ Yes ☐ No

31. Was the individual's work reviewed for satisfactory performance? ☐ Yes ☐ No

32. Did /Does the employer deduct State, Federal, Social Security and Medicare taxes on the individual? ☐ Yes ☐ No ☐ Unknown

33. Does the individual receive a ☐ W-2 ☐ 1099 ☐ Both ☐ Other _____ ☐ Yes ☐ No

34. Do you qualify as an Employer under the Federal Unemployment Tax Act? ☐ Yes ☐ No ☐ Unknown

35. Is the individual and/or the assistant(s) covered under an agreement between you and a labor union? ☐ Yes ☐ No
36. Did/Does the employer carry Michigan Worker's Disability Compensation Insurance on the individual in question? ☐ Yes ☐ No
37. Did/Does the individual depend on this pay for living expenses? ☐ Yes ☐ No ☐ Unknown
38. Did the individual receive any benefits: e.g., health insurance, sick pay, vacation pay, etc? ☐ Yes ☐ No
39. Does the individual advertise or is the individual listed in the telephone or other directories as being in such business and available to the general public? ☐ Yes ☐ No ☐ Unknown
40. Does the individual pay State, Federal Social Security and Medicare taxes as a self-employed individual? ☐ Yes ☐ No ☐ Unknown
41. **Additional Comments:** *(In the space below, you may provide any additional information that you feel would be beneficial in determining the employment status. Use additional paper if necessary.)*

For Service Providers or Salespersons

Complete this section if the individual(s) or class of workers provides a service or sells directly to your customers.

42. What are the individual(s) responsibilities in soliciting new customers?

43. Are orders submitted and approved by your business? ☐ Yes ☐ No

YOUR CERTIFICATION

I hereby certify that the statements made above are true and complete to the best of my knowledge and belief. I understand that Section 421.54 of the Michigan Compiled Laws prescribes penalties for among other things, intentional false statements.

Name of person completing this form (*please print*)

Title

Signature of person completing this form

Date

A Power of Attorney must accompany this form, if signed by other than the business owner or officer.